

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/598681

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		L				
13		L				
14		L				
15		L				
16		L				
17		L				
18		L				
19		L				
20		L				
21		L				
22		L				
23		L				
24		L				
25		L				
26		L				
27		L				
28		L				
29		L				
30		L				
31		L				
32		L				
33		L				
34		L				
35		L				
36		L				
37		L				
38		L				
39	/					
40	/					
41		L				
42		L				
43		L				
44		L				
45	/					
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61		/				
62		/				
63		/				
64		/				
65		/				
66		2				
67		2				
68		1				
69		2				
70		2				
71		2				
72		1				
73		2				
74		2				
75		1				
76		2				
77		2				
78		2				
79		2				
80		2				
81		2				
82		2				
83		2				
84		2				
85		2				
86		2				
87		2				
88		2				
89		2				
90		2				
91		2				
92		2				
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	50		↓		↓	
TOTAL DEP.	141		←		←	
TOTAL CLAIMS	146					